

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:
Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN
RECEIVED
FEB 17 2017
Bayfield Co. Zoning Dept.

Permit #: 17-0136
Date: 5-16-17
Amount Paid: 250.00
Refund: 184 175.200-17

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

TYPE OF PERMIT REQUESTED →		<input checked="" type="checkbox"/> LAND USE	<input type="checkbox"/> SANITARY	<input type="checkbox"/> PRIVATE	<input type="checkbox"/> CONDITIONAL USE	<input type="checkbox"/> SPECIAL USE	<input type="checkbox"/> B.O.A.	<input type="checkbox"/> OTHER
Owner's Name:		Resident J. Records		Mailing Address:		City/State/Zip:		Telephone:
Address of Property:		P.O. Box 173		Mound, MN. 55364		952-472-6377		Cell Phone:
Contractor:		TAR PAPER ALLEY		Contractor Phone:		Plumber: 162-709-7388		Plumber Phone: 872-4156
Authorized Agent:		(Person Signing Application on behalf of Owner(s))		Agent Phone:		Agent Mailing Address (include City/State/Zip):		Written Authorization Attached <input type="checkbox"/> Yes <input type="checkbox"/> No
PROJECT LOCATION	Legal Description: (Use Tax Statement)	PIN: (23 digits) 04-	25976		Recorded Document (i.e. Property Ownership) Volume 932 Page(s) 308			
Section 18	Township 49 N. Range 09 W	Town of: CALSUDA		Lot Size		Acreage 20		
<input type="checkbox"/> Shoreland →	<input type="checkbox"/> Is Property/Land within 300 feet of River, Stream, Creek or Landward side of Floodplain? <input checked="" type="checkbox"/> Yes—continue →	Distance Structure is from Shoreline: 80 feet		Distance Structure is from Shoreline: 80 feet		Is Property in Floodplain Zone? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Are Wetlands Present? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<input checked="" type="checkbox"/> Non-Shoreland	<input type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage if Yes—continue →	Distance Structure is from Shoreline: 80 feet		Distance Structure is from Shoreline: 80 feet		Is Property in Floodplain Zone? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Are Wetlands Present? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Value at Time of Completion * include donated time & material	Project	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System is on the property?	Water
\$60,000	<input checked="" type="checkbox"/> New Construction	<input checked="" type="checkbox"/> 1-Story	<input type="checkbox"/> Seasonal	<input type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	<input type="checkbox"/> City
	<input type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft	<input checked="" type="checkbox"/> Year Round	<input checked="" type="checkbox"/> 2	<input checked="" type="checkbox"/> (New) Sanitary Specify Type: PIT	<input checked="" type="checkbox"/> Well
	<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input type="checkbox"/>	<input type="checkbox"/> 3	<input type="checkbox"/> Sanitary (Exists) Specify Type: _____	<input type="checkbox"/>
	<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Privy (Pit) or Vaulted (min 200 gallon)	<input type="checkbox"/>
	<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> No Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Portable (w/service contract)	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/> Foundation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Compost Toilet	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> None	<input type="checkbox"/>

Existing Structure: (if permit being applied for is relevant to it)	Length: 32'	Width: 32'	Height: 15'
Proposed Construction:			

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input type="checkbox"/> Principal Structure (first structure on property)		(32 X 32)	1024
<input checked="" type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.)		(32 X 32)	1024
<input type="checkbox"/> with Loft		(X)	
<input checked="" type="checkbox"/> Residential Use	with a Porch	(X)	
	with (2 nd) Porch	(X)	
	with a Deck	(X)	
	with (2 nd) Deck	(X)	
<input type="checkbox"/> Commercial Use	with Attached Garage	(X)	
	Bunkhouse w/ (<input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities)	(X)	
	Mobile Home (manufactured date)	(X)	
<input type="checkbox"/> Municipal Use	Addition/Alteration (specify)	(X)	
	Accessory Building (specify)	(X)	
	Accessory Building Addition/Alteration (specify)	(X)	
	Rec'd for Issuance		
	SPECIAL USE: (explain)	(X)	
	CONDITIONAL USE: (explain)	(X)	
	Secretarial Staff	(X)	

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES.
I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on the information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

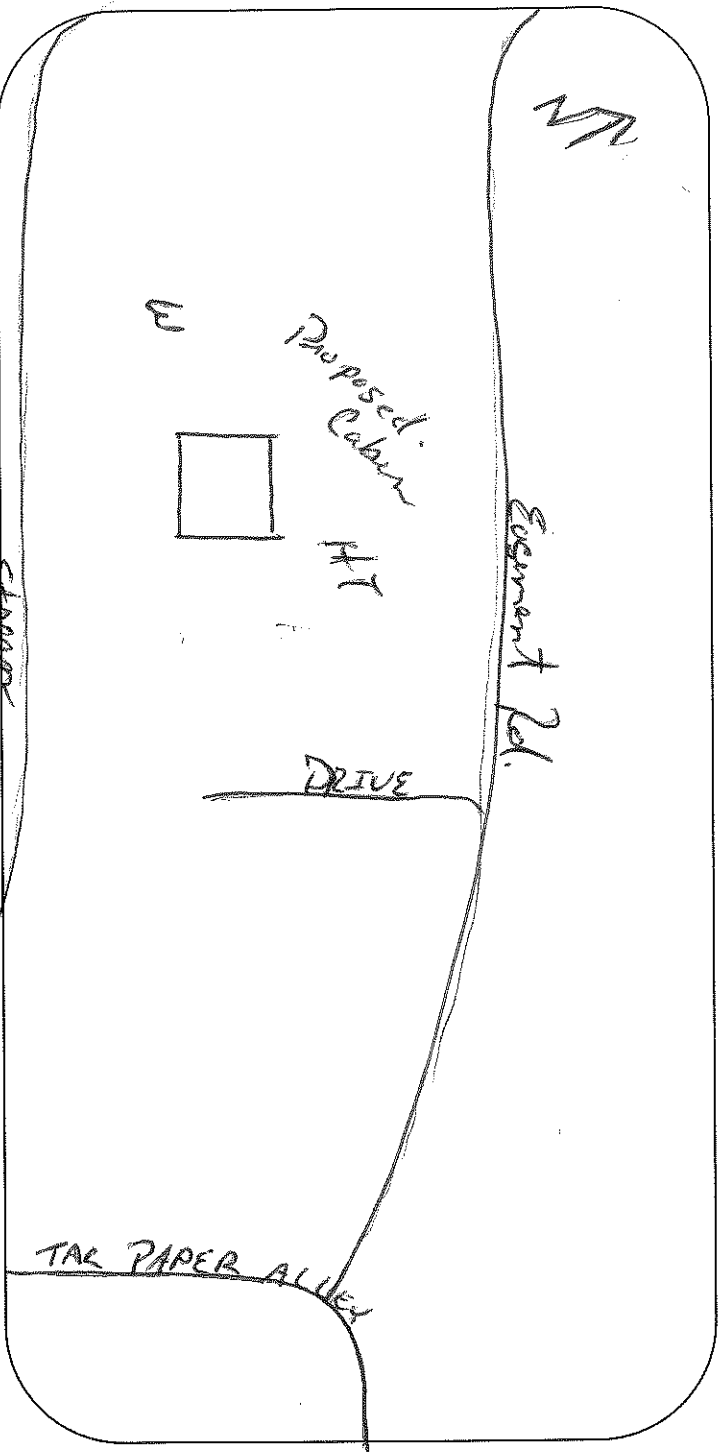
Owner(s): Michael G. Records, Wendy Records
Date: 2/17/17
(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Authorized Agent: _____ Date: _____
(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Address to send permit: _____
APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

Draw or Sketch your Property (regardless of what you are applying for)

- (1) Show Location of: **Proposed Construction**
(2) Show / Indicate: **North (N)** on Plot Plan
(3) Show Location of (*): **(*) Driveway and (*) Frontage Road** (Name Frontage Road)
(4) Show: **All Existing Structures on your Property**
(5) Show: **(*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)**
(6) Show any (*): **(*) Lake; (*) River; (*) Stream/Creek; or (*) Pond**
(7) Show any (*): **(*) Wetlands; or (*) Slopes over 20%**



Please complete (1) - (7) above (prior to continuing)

STAKE

Changes in plans must be approved by the Planning & Zoning Dept.

(8) Setbacks: (measured to the closest point)

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	290' Feet	Setback from the Lake (ordinary high-water mark)	Feet
Setback from the Established Right-of-Way	215' Feet	Setback from the River, Stream, Creek	80' Feet
Setback from the North Lot Line	540' Feet	Setback from the Bank or Bluff	80' Feet
Setback from the South Lot Line	120' Feet	Setback from Wetland	Feet
Setback from the West Lot Line	1000' Feet	20% Slope Area on property	<input type="checkbox"/> Yes <input type="checkbox"/> No
Setback from the East Lot Line	215' Feet	Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank	20' Feet	Setback to Well	20' Feet
Setback to Drain Field	Feet		
Setback to Privy (Portable, Composting)	Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwellings: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)		Sanitary Number: 17-23S	# of Bedrooms: 2	Sanitary Date:
Permit Denied (Date):		Reason for Denial:		
Permit #: 17-0136	Permit Date: 5-16-17			
Is Parcel a Sub-Standard lot Is Parcel in Common Ownership Is Structure Non-Conforming	<input type="checkbox"/> Yes (Deed of Record) <input checked="" type="checkbox"/> Yes (Fused/Contiguous lot(s)) <input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> No	Mitigation Required Mitigation Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> No
Granted by Variance (B.O.A.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Case #:	Previously Granted by Variance (B.O.A.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Case #:	
Was Parcel Legally Created Was Proposed Building Site Delineated	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Were Property Lines Represented by Owner Was Property Surveyed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Inspection Record: NON-NAV. DRAINAGE/DRAINAGE DOWNSLOPE FROM HOUSE SITE. +25 FT FROM PROPOSED BLDG.		Zoning District	(F-1) DT	
Date of inspection: 3-28-17		Lakes Classification (N/A)	Date of Re-Inspection:	
Condition(s) Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If No they need to be attached.)				
UNIFORM DWELLING CODE PERMIT + INSPECTIONS REQUIRED				
Signature of Inspector:		Date of Approval: 3-29-17		
Hold For Sanitary: <input checked="" type="checkbox"/> <input type="checkbox"/> Hold For TBA: <input checked="" type="checkbox"/> <input type="checkbox"/> Hold For Affidavit: <input type="checkbox"/> <input type="checkbox"/> Hold For Fees: <input type="checkbox"/> <input type="checkbox"/>				

City, Village, State or Federal
Permits May Also Be Required

LAND USE – X
SANITARY – 17-23S
SIGN –
SPECIAL – Class A
CONDITIONAL –
BOA –

BAYFIELD COUNTY

PERMIT

WEATHERIZE AND POST THIS PERMIT
ON THE PREMISES DURING CONSTRUCTION

No. **17-0136** Issued To: **Richard & Wanda Rogers**

Location: **SE** ¼ of **SE** ¼ Section **18** Township **49** N. Range **9** W. Town of **Orienta**
Less N ½

Gov't Lot	Lot	Block	Subdivision	CSM#
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For: **Residential Use: [1- Story; Residence (32' x 32') = 1,024 sq. ft.]**
(Disclaimer): Any future expansions or development would require additional permitting.

Condition(s): Uniform dwelling code inspections and permit required.

NOTE: This permit expires one year from date of issuance if the authorized construction work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval.
This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete.
This permit may be void or revoked if any performance conditions are not completed or if any prohibitory conditions are violated.

Jennifer Murphy

Authorized Issuing Official

May 16, 2017

Date

BAYFIELD COUNTY SANITARY PERMIT APPLICATION



Zoning District _____
Lakes Class _____

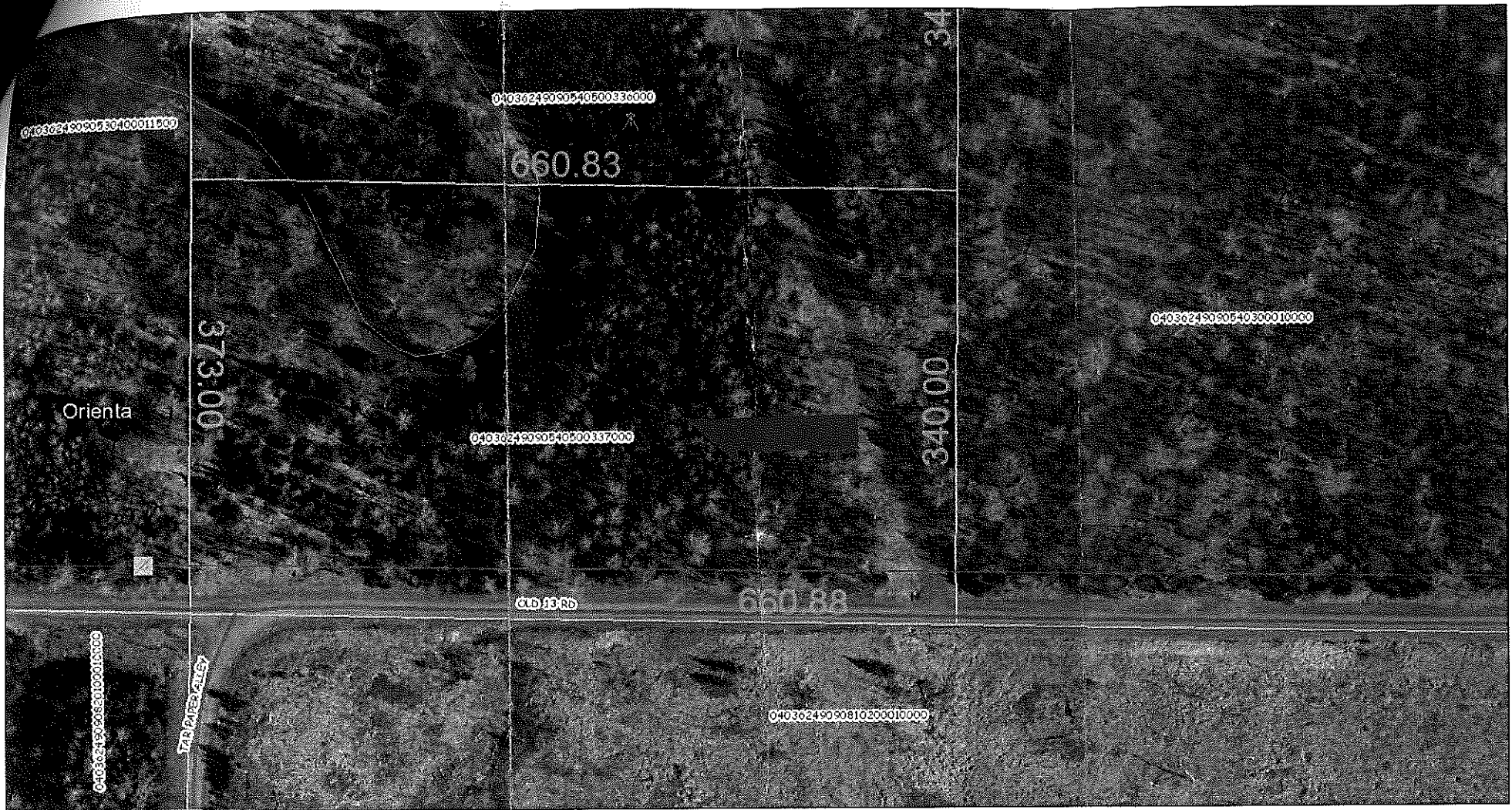
I. APPLICATION INFORMATION (Please Print All Information)				Soil Test No: <u>NA</u>		County Permit No: <u>17-0143</u>				
Property Owner's Name: <u>Grant Osman</u>				County: <u>Bayfield</u>						
Address of Property: <u>XXX OLD 13</u>				Property Location: <u>1/4 1/4, S 05 T 49 N, R 09 E (or) W</u>						
Property Owner's Mailing Address: <u>8590 Hastings St NE</u>				Township: <u>Orienta</u>		Gov. Lot #: <u>3</u>				
City, State: <u>Blaine MN</u>	Zip Code: <u>55449</u>	Phone Number: <u>763 913 2669</u>	Lot #: <u>6</u>	Block #: _____	Subdivision Name or CSM #: <u>CSM # 1592</u>					
II. TYPE OF BUILDING: (Check One)				<div style="font-size: 2em; font-weight: bold; opacity: 0.5;">RECEIVED</div> <div style="font-size: 1.2em; font-weight: bold;">APR 17 2017</div>						
<input type="checkbox"/> State Owned <input type="checkbox"/> Public (Explain the use/purpose: <u>outhouse (privy)</u>) <input type="checkbox"/> 1 or 2 Family Dwelling - No. of Bedrooms _____										
III. TYPE OF PERMIT: (Check only one box on line A. Check box on line B, if applicable)										
A) <input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> County Private Interceptor <input type="checkbox"/> Reconnection <input type="checkbox"/> Repair <input type="checkbox"/> Revision ** <input type="checkbox"/> Transfer of Owner (List Previous Owner below) _____										
B) <input type="checkbox"/> A Sanitary Permit was previously issued. Previous Permit Number: _____ Date Issued: _____										
IV. TYPE OF NON-PLUMBING SYSTEM: (Check One) * Replacements need previous permit number and date filled out above										
C) <input type="checkbox"/> Pit Privy <input checked="" type="checkbox"/> Vault Privy (Vault size: <u>275</u> gallons or _____ cubic yards) <input type="checkbox"/> Portable Privy <input type="checkbox"/> Camping Transfer Unit Container <input type="checkbox"/> Composting Toilets <input type="checkbox"/> Incinerating Toilet										
V. ABSORPTION SYSTEM INFORMATION:										
1. Gallons Per Day	2. Absorp. Area Required (Sq.Ft.)	3. Absorp. Area Proposed (Sq. Ft.)	4. Loading Rate (Gals. / Day / Sq.Ft.)	5. Perc. Rate (Min. Inch)	6. System Elev.(Feet)	7. Final Grade Elev. (Feet)				
VI. TANK INFORMATION:										
Capacity In Gallons		Total Gallons	# of Tanks	Manufacturer's Name	Prefab. Concrete	Site Constructed	Steel	Fiber-glass	Plastic	Exper. App.
New Tanks	Existing Tanks									
<u>Septic Tank or Holding Tank</u>										
<u>Lift Pump Tank / Siphon Chamber</u>										
VII. RESPONSIBILITY STATEMENT:										
I the undersigned, assume responsibility for installation of the onsite sewage system shown on the attached plans.										
Owner's Name(s): (Print) If applying for Section C above <u>Grant Osman</u>				Owner's Signature(s): (No Stamps) 						
Plumber's Name: (Print) If applying for Section A or B) above				Plumber's Signature: (No Stamps)		MP/MPSW No:				
Plumber's Address: (Street, City State, Zip Code)				Home Phone:		Business Phone:				
VIII. COUNTY / DEPARTMENT USE ONLY										
<input checked="" type="checkbox"/> Approved	<input type="checkbox"/> Disapproved <input type="checkbox"/> Owner Given Initial Adverse Determination	Sanitary Permit/Transfer Fee: <u>\$150</u>	Date Issued: <u>5-10-17</u>	Issuing Agent's Signature / Date: <u>1043128</u>						
IX. CONDITIONS OF APPROVAL / REASONS FOR DISAPPROVAL:										
<u>Vault SHALL BE A minimum 200 gallon capacity & shall be water tight. Location of Privy shall not be in a wetland.</u>										

MAY 16 2017

Secretarial Staff

Plot Plan on reverse side

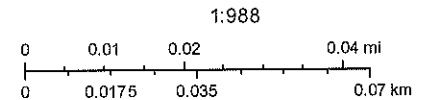
Bayfield County Web AppBuilder



February 23, 2017

- Building
- Corner Tie Sheets
 - Section Corner Monument on File
 - Section Corner Monument Referenced on Survey
- Survey Maps
 - UnRecorded Map

- Recorded Map
- Road Type
 - CFR
 - County
 - Federal
 - Private
- State
- Town
- Municipal Boundary
- Section Lines
- Approximate Parcel Boundary
- Meander Line
- Tie Line
- Rivers
- Wetlands
- Douglas Co Parcels
- Ashland Co Parcel



Bayfield County
Bayfield

own, City, Village, State or Federal
Permits May Also Be Required

LAND USE – X
SANITARY – X
SIGN –
SPECIAL –
CONDITIONAL –
BOA –

BAYFIELD COUNTY PERMIT

WEATHERIZE AND POST THIS PERMIT
ON THE PREMISES DURING CONSTRUCTION

No. **17-0143** Issued To: **Grant Osman**

Location: - $\frac{1}{4}$ of - $\frac{1}{4}$ Section **5** Township **49** N. Range **9** W. Town of **Oriente**

Gov't Lot Lot **6** Block Subdivision CSM# **1592**

For: **Residential Other: [275 – Gallon Vaulted Privy]**

(Disclaimer): Any future expansions or development would require additional permitting.

Condition(s): Vault shall be a minimum 200-gallon capacity and shall be water tight. Location of privy shall not be in a wetland.

NOTE: This permit expires one year from date of issuance if the authorized construction work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval.
This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete.
This permit may be void or revoked if any performance conditions are not

completed or if any prohibitory conditions are violated.

Jennifer Murphy

Authorized Issuing Official

May 16, 2017

Date